

The Avenue Care Home Limited

The Avenue Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 15 January 2019. The inspection was unannounced. The Avenue Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to accommodate 25 people. On the day of our inspection 23 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our visit the registered manager had stepped down from their responsibilities as manager and was working in a senior care capacity. A new manager had commenced employment and was in the process of applying to become registered with the Care Quality Commission.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for. People were supported to stay safe while also having their freedom to take informed risks respected. People did not have any undue restrictions placed upon them. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely and these were managed in line with best practice guidance. Accidents and incidents were analysed and used as an opportunity to learn lessons and improve when things went wrong. The premises and environment were well maintained and very clean and tidy.

People continued to receive an effective service. Staff received the training and support they required to meet people's needs. People were supported with their nutritional needs and variety of nutritious meals were provided. Staff worked with external health care professionals, people were supported with their needs and accessed the health services they required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive a caring service. Staff were kind, compassionate and treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and knew how to offer emotional support. People's independence was promoted.

People continued to receive a responsive service. People received care and support that was personalised and met their needs. Staff knew how to communicate with people and made sure information was available in accessible formats. People were able to follow their interest and hobbies and took part in a range of

activities in and out of the service. There was a complaints procedure and people felt confident speaking to staff about any concern and felt sure action would be taken.

People continued to receive a well led service. People and staff felt supported by and had confidence in the manager and the providers. There were systems in place to monitor the quality of service provision and these included seeking the views of people and staff. There was an open and transparent and person-centred culture at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains effective.	Good ●
Is the service well-led? The service remains well led.	Good ●

The Avenue Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 15 January 2019 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with seven people who used the service for their views about the service they received. We spoke with the manager, the providers, the head housekeeper, the cook and two care team members.

We looked at the care records of three people who used the service. We also looked at the management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management of fire risks, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

People told us they felt safe living at the Avenue Care Home. One person said, "I feel safe living here, the staff are here all of the time." Another person told us that staff regularly asked them if they had any worries or concerns. There were systems and processes in place designed to keep people safe from abuse and avoidable harm. Staff had received training and knew how to recognise the signs of abuse and what action to take.

Risk was assessed and managed. Staff supported people to stay safe while also respecting their freedom to take informed risks. Risks in the environment were managed through routine checks and maintenance. All staff had received first aid training and knew what to do in the event of an accident. Staff knew about fire safety and the best way to evacuate each person in the event of a fire. A fire evacuation drill had identified a person would require more assistance to evacuate in the event of a fire so changes were made to their evacuation plan. Records were maintained of all accidents along with action taken to reduce further risk. For example, a person had cut themselves on a metal door closer so this was fixed immediately to make sure it could not happen to anyone else. Another person had a fall while walking to the bathroom so after consultation they changed to a room with an en-suite bathroom and this reduced the risk. This showed that lessons were learned and improvements were made when things went wrong.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. People told us there were enough staff on duty to meet their needs. Staff said they had enough time to spend with people and meet their individual needs. We saw that staff spent time with people and were available when people wanted them and they responded to people's requests quickly. The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

People received their prescribed medicines safely. Staff had received training about managing medicines safely. They were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way. These audits had identified that staff competency assessments were required and the new manager was implementing this. Staff had access to the policies and procedures they required and the safe management of people's medicines had been discussed at a recent staff meeting.

The environment was extremely clean, tidy and fresh. There were separate cleaning staff who followed a cleaning schedule and a daily checklist. The head housekeeper told us how they achieved such a clean environment and followed infection prevention and control guidance. They were highly motivated and very proud of the work they did and knew how important this was to people who used the service.

Staff had access to the protective equipment and cleaning products they required such as gloves and aprons. They knew what to do in the event of a spillage or an outbreak of infection.

Is the service effective?

Our findings

People had their needs assessed before moving in and were able to spend time at the service. This meant people could see if the service suited their needs and staff could assess if people's needs could be met. One person said, "The staff look after us very well." Staff received the training and support they required to do their jobs and meet people's needs. Induction training was provided to staff when they first began working at the service. The 'care certificate' was used as part of the induction training. The 'care certificate' is an agreed set of standards that set out the skills and behaviours expected of specific job roles in the health and social care sectors.

People told us how much staff had helped them and how their lives had improved since moving in to the service. A member of the care staff told us how well staff worked as a team and how there was a low turnover of staff. Another staff member said, "The training is spot on."

Staff worked closely with other professionals such as the mental health team to make sure that care and support was evidence based and met best practice guidance. One person said, "I am attending a multi-disciplinary meeting tomorrow, I feel that people are looking after me."

People were supported to eat and drink enough and maintain a balanced diet. One person said, "The food is very good, I have never eaten so well." People told us there was always plenty to eat and drink and always a choice of menu. We spoke with the cook, they were knowledgeable about people's dietary needs and preferences. They knew what food people must not have such as foods that would adversely affect the medicines people were prescribed. They told us they had enough resources to provide a balanced diet and fresh fruit was available at all times. Staff assessed people's nutritional needs and included these in the plan of care when any risk was identified.

People had access to the healthcare services they required. People told us how they were supported to attend appointments to see their doctor, dentist and optician. A set of records was available which contained important information to give to the hospital staff in the event of a person being admitted to hospital.

The premises and environment met the needs of people who used the service and were accessible to people with a disability. There was a choice of communal areas where people could spend time together or take part in quieter activities in smaller groups. People's rooms were personalised and communal areas were homely and decorated to a good standard.

Consent was sought before care and support was provided. We checked whether the service was working within the principles of the Mental Capacity Act 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS). Appropriate authorisations were in place where these were required and staff knew how to support people in the least restrictive way. For example, staff told us how they supported people through encouragement and negotiation and how this had been successful when a person was resistant to assistance with personal care.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "Staff are very caring towards me." Another person told us, "The staff are very good to me." Staff provided people with emotional support. One person said, "Staff always listen to me when I want to talk."

Staff told us they felt supported by their managers and the providers. They told us they had been able to take time off when they needed to. Staff were positive and proud of the service. A member of staff said, "I love spending time with people who use the service."

People were supported to express their views, they were involved in developing their care plans and made decisions about their care and support. Staff focused on people's abilities and supported people to become as independent as possible. One person had been supported to live independently. A staff member said, "People can be independent but we are always there for them."

Staff supported people to maintain relationships with people who were important to them. One person was supported to write letters to a family member. People's family and friends were welcomed and included in any celebrations and were able to express their views.

Staff knew about the things that were important to people. They knew about people's preferences and how to get the best out of people. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress. One person said, "Staff know me very well, they know my likes and dislikes."

People were treated with dignity and respect. The manager introduced the inspection team to each person and made sure people were informed of our purpose and put at ease. There was a relaxed atmosphere and relationships between staff and people were positive and friendly. People were quick to praise the staff who supported them. One person said, "Staff treat me with respect and observe my dignity." Staff had received training about privacy and dignity they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. We saw staff throughout our inspection were sensitive when supporting people, they respected people's choices and acted on their requests and decisions.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were recorded. Care plans reflected people's physical, mental, emotional and social needs and instructed staff about how to meet these.

Information about people's unique life history and significant events and interests were documented. This helped staff to get to know people and the things that were important to them.

Staff had received training about equality and diversity and knew how to uphold people's human rights and meet their social and cultural needs. People were supported to follow their chosen religion.

People received information in accessible formats and the manager was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. People's communication needs were identified and included in their care plan. The manager had identified a person could not fully take part in meetings because of hearing loss so had made sure this person had written copies of the agenda and any action taken. This meant the person could take part in the meeting.

People were able to follow their interests and hobbies. One person told us, "I've been asked by staff about my interests. I get involved in the activities and I attend college." Lifestyle and preferred activities were part of the person's plan of care and staff reviewed this with the person on an ongoing basis to make sure people were doing the things they liked to do and increasing their independence. Some people liked to go out to the pub or to the local church for coffee mornings. People took part in cooking and food preparation. We saw people preparing a fruit salad in the kitchen under the guidance of the cook. People were engaged and enjoyed this activity. There was a range of activities available such as exercise sessions, games and crafts and trips out of the home. Some people enjoyed art and displayed their work in the communal areas. People were encouraged to go walking for fitness and recreation.

The provider had a complaints procedure which they followed. People told us they were confident they would be listened to and action would be taken if they had a complaint. They told us they could speak with staff about any concern.

People's preferences and choices for their end of life care were discussed with them where this was possible and appropriate to do so and recorded in their care plan. There was no-one in receipt of end of life care at the time of our inspection.

Is the service well-led?

Our findings

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service. At the time of our inspection the registered manager had relinquished their management responsibilities and planned to cancel their registration with the Care Quality Commission. There was a new manager in post who had begun the application to become registered as the manager.

There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. Staff were supported and respected by their manager. Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon. A staff member told us the providers were accessible and approachable and the new manager was very focused on providing person centred care. Another staff member told us there was always management support available.

People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. People told us they saw and spoke with the manager and with the providers on a frequent and regular basis. Meetings were held and people were encouraged to give their views and ask for the things they wanted to change or improve. Surveys were sent out annually and the results were analysed and shared with people. The majority of responses we saw were positive about the quality of the service.

Audits were carried out to check that staff were working in the right way to meet people's needs and keep them safe. A health and safety contractor was employed to carry out a health and safety audit. This was used to make improvements such as increased checks carried out on equipment and staff driving licences.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.